

Internship in Health Service Psychology
Northport Veterans Affairs Medical Center
Northport, New York



Northport VAMC campus

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ACCREDITATION STATUS

The internship in health service psychology at the Northport VAMC is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is expected during the academic year 2023.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Phone: 202-336-5979

Email: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

THE SETTING

Training in the VA

The VA is the largest healthcare system in the nation and serves as a principal training site for health care professionals. Excellence in training is central to the VA mission and is addressed in its strategic plan. The VA considers mental health care to be an essential component of its integrated healthcare system. The VHA Uniform Mental Health Services Handbook specifies the modalities of mental health care that must be readily accessible to veterans. This care must be recovery oriented and provided with cultural competence. Toward this end, the VA employs local Recovery and Suicide Prevention Coordinators. Furthermore, the VA offers implementation guidelines and clinical competencies for outpatient, residential, and inpatient mental health services. The VA offers same day access to care and has allocated resources to enhance the training of mental health providers in the delivery of evidence based psychotherapy.

Location

The Northport Veteran Affairs Medical Center (VAMC) is situated on a large, beautiful campus just outside the seaport village of Northport, Suffolk County, Long Island. The location offers the advantages of a suburban setting within easy reach of both New York City and the beaches and vineyards of rural eastern Long Island. Cultural opportunities abound, not only because of the proximity to New York City, but because of the major universities on Long Island including Stony Brook University, Adelphi University, Hofstra University and Long Island University. Long Island is a rapidly expanding and increasingly diverse area with access to cultural events, cosmopolitan cuisine, organic farms, outdoor recreation, and a wealth of historical sites. Please go to discoverlongisland.com for information on recreational options.

Opened in 1928 as a psychiatric hospital, Northport VAMC was converted to a full service Medical Center in 1971. The Northport VAMC provides inpatient medical, surgical, and psychiatric treatment. There are also community living centers that provide nursing home care and residential treatment programs for substance abuse and PTSD. Over 600,000 medical and psychiatric outpatient visits were made last year to the Medical Center and to its Community Based Outpatient Clinics throughout Long Island. The Northport VAMC is accredited by The Joint Commission and is a clinical campus of the School of Medicine at Stony Brook University. Several programs, including programs that are administered by Psychology Service, have obtained accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Psychology Service

The Psychology Service at the Northport VAMC is an autonomous service, which means it is under the direction of a Psychologist. The service employs 22 full-time psychologists and one part-time psychologist. The range of professional activities conducted are exceptionally wide. Generally, psychologists are members of multidisciplinary treatment teams and, in some cases, are directors of treatment programs. Staff members conduct psychological and neuropsychological assessments and provide psychotherapy and behavioral treatments. Psychologists also provide consultation to other health care providers. Our psychologists are trained in a broad range of orientations including psychodynamic therapy, CBT, and third-wave models.

Northport's psychology service values training and considers the imparting of knowledge and skills to be one of the essential roles of a staff psychologist. Psychologists also function as direct clinical service providers and leaders within the hospital, serving on committees such as the Disruptive Behavior Committee and Ethics Committee. The Chief of Psychology promotes the implementation of the larger VA mission, noted above, which has resulted in Northport being a front runner in areas such as peer support and recovery based treatment for those diagnosed with serious mental illness. This atmosphere promotes a collaborative and nurturing environment in which trainees work alongside staff. Trainees are invited to participate in psychology staff meetings and receive the same service wide correspondence pertaining to matters such as systems changes, continuing education, and best practice guidelines.

In addition to our internship, the Northport VAMC has two postdoctoral fellowship positions and five to seven externship positions (<https://www.va.gov/northport-health-care/work-with-us/internships-and-fellowships/>).

Recipients of Care

Active duty service members and veterans are eligible to utilize the VA for their mental and physical health needs. There are approximately 79,0000 veterans living in Suffolk County alone, and the Northport VAMC attracts many more veterans from throughout the New York metropolitan area. Over 29,000 veterans sought care at Northport VAMC within the last year. The veteran population reflects the demographics of the area and represents military service periods from WW II to today's Global War on Terror. The population is therefore diverse in age, ethnic background, disability status, clinical presentation, and range of functioning. Psychologists often work with veterans who present with medical, psychiatric, and psychosocial needs. Thus, psychology takes an integrated approach to veteran care. This model is reflected in intern's work in interdisciplinary settings throughout the hospital.

The demographics of the military population is changing. For example, amongst active duty personnel across the country, about half are under age 25, 31% identify as an ethnic minority, and 15% are female. The VA has responded by strengthening its commitment to culturally appropriate care. A sample of expanded resources in the VA includes offering a clinic specific to women, sponsoring the Minority Veterans Program, providing on-site childcare (VA Kids Care) to reduce missed appointments, and making medical records accessible to veterans online (MyHealthyVet). With the support of the community at large the VA is also able to offer assistance with psychosocial needs (e.g., services for homeless veterans) and reintegration (e.g., supported employment program). All interns receive extensive training, education and experience in providing services to active duty and newly returned veterans.

The Psychology Service Training Program is committed to training interns to work with all of our culturally diverse populations. Cultural competence is interwoven into all aspects of training, as described in greater detail below. The Northport VAMC, along with other VA and non-VA training

programs, has joined with the American Psychological Association and the Council of Chairs of Training Councils to express our commitment to the White House Joining Forces Initiative. This is a “national initiative that mobilizes all sectors of society to give our service members and their families the opportunities and support they have earned.”

THE TRAINING PROGRAM

Response to COVID-19

The unique challenges of the pandemic and its unpredictable course has given staff, trainees, and veterans an opportunity to work together to provide care in new ways that allow us to remain safe without compromising the quality of that care. Likewise, our supervisors' dedication to training has ensured that learning experiences maintain the same standards of excellence and commitment as any other time.

As of this writing in June 2022, all employees (i.e., staff, interns, fellows) have returned to work on campus. Incoming interns completed telework materials in the event the pandemic necessitates work from home during the course of the year. Currently all outpatient visits, supervision, and training didactics are a combination of telehealth/ virtual platforms and in person visits, depending on the comfort of staff and patients. Interns are given training in telehealth, including education on and access to platforms unique to the VA. These platforms allow multiple providers and/or veterans to participate in clinical services or meetings. Like staff, intern offices are private and include access to webcams. All resources are being made available in the trainee telematerial share folder. We have also added didactics on issues unique to working virtually (e.g., crisis management). Appropriate requests for modifications to a rotation have also been granted to ensure interns are comfortable. All individuals must wear a facemask when walking on campus. Patients entering the ER or an inpatient unit are being tested for COVID-19 prior to placement.

Since the landscape is evolving, we cannot definitively predict how the next training year will look, however, we expect telehealth to remain part of our work. It is important to note that while the training program is responsible for the training elements itself, any broader policies (e.g., telework) regarding employees are made by national and facility leadership, and may result in operational changes. The training program will provide ongoing, transparent communication with interns, and will always advocate on their behalf.

Per VA policy, “Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.”

Overview

The primary **aim** of the Northport VAMC internship program is to offer training experiences that result in marketable skills for application to and successful performance in entry level positions in professional psychology. We provide broad clinical training that focuses on the advancement of skill in the delivery of psychotherapy and assessment, greater comfort in a multidisciplinary medical setting, and an increased confidence in the role of a culturally sensitive and ethically responsible psychologist.

As psychologists and supervisors, we are invested in training that emphasizes **service delivery in a nurturing atmosphere**. The overwhelming majority of the psychology staff participate in training. Support for training comes from the top down. Interns are treated with respect and are invited to participate alongside staff in most functions. As needed, supervisors make themselves accessible to interns outside of the proscribed supervision times. The promotion of learning is emphasized across all clinical activities, supervision, and didactics.

Our internship provides exposure to the many roles a psychologist performs in a medical setting. In this **generalist** approach, interns model the functions of our psychologists in their assigned settings. Our psychologists work in acute, residential, and outpatient settings treating an exceptionally broad range of clinical pathology. The therapeutic interventions they perform include neuropsychological assessment, short-term and long-term individual psychotherapy, couples therapy, crisis intervention, and process-oriented and psychoeducational group treatment. Treatment interventions are recovery based. Reflecting this approach, psychologists are trained in psychodynamic, CBT, and third-wave orientations, and tend to tailor interventions based on the needs of the veteran. The VA emphasis on **integrated** care has meant that consultation with other providers is an increasingly important function in psychology. Most psychologists work as part of an interdisciplinary team, an approach which strengthens positive health outcomes. All psychologists offer consultation throughout the medical hospital as needed.

The internship is designed to ensure interns gain exposure to the professional roles, treatment modalities, and orientations of a psychologist across interdisciplinary settings. This includes training in areas increasingly important for a career in psychology such as the provision of evidence based treatments, work in a primary care setting, and proficiency in assessing and treating veterans with a wide range of clinical presentations. Interns can expect to acquire experience working with veterans diagnosed with PTSD across all settings.

Each intern works with the Training Committee to construct an **individualized** program that includes required and elective experiences. The internship year begins with an orientation when time is devoted to familiarizing oneself with the hospital, visiting programs where psychologists are assigned, and meeting with staff to learn about their approaches to clinical work and supervision. This allows interns to make informed choices regarding their schedules and training plan, including whether there is a preference to *specialize*. Past interns have utilized our general elective to have yearlong experiences concentrated in areas such as neuropsychology and health psychology. This period also includes EBP workshops (CPT, PE, CBT-D, ACT, CBT-Pain, CBT-I, MI, and Psychoanalytic Psychotherapy), and seminars which serves as a valuable time to review general medical center policies and procedures.

Training is **developmental** in nature such that we consider each intern's current level of mastery and ability to work autonomously in specific competency areas. Training is designed to be sequential, cumulative, and graded in complexity. For example, an intern may initially co-lead a group that he/she later facilitates independently. Supervision likewise tends to begin with direct observation and culminates in a more consultative role. Throughout the year interns are encouraged to participate in program development by for example, initiating new groups. Again, the level of autonomy and supervision will be consistent with the current skill level of the intern.

We consider training in **diversity** and individual differences to be a vital component of a well-rounded internship experience. Providing culturally sensitive interventions is foundational to the working alliance and the effectiveness of interventions. While attention to diversity is incorporated into all rotations, we also offer seminars (e.g., military culture, veteran voices series, spirituality) and didactics (multicultural case conference, journal club) which specifically address the multifaceted nature of diversity and offer interns a chance to reflect on the intersection of their worldview with others in clinical practice. Interns are provided with a virtual library of resources, making practice guidelines and similar trainings in diversity and inclusion readily accessible. The psychology service

recently started a Multicultural Diversity Committee whose mission is “to create a culturally responsive treatment environment through a demonstrated commitment to cultural competence.” Participants on this committee work on recruitment of individuals from diverse backgrounds, skill development, and strive to address any identified gaps in the provision of culturally sensitive treatment and/or training. Interested interns are invited to participate on this committee. As noted above (ref: recipients of care), these efforts are occurring in a broader context, reflecting a system that prioritizes diversity in all its forms (<https://www.diversity.va.gov/default.aspx>). All things being equal, attention is paid to applicants identifying as veterans and/or as members of historically underrepresented groups.

An emphasis on **empiricism** is also integral to all aspects of training. We expect decisions about the delivery of psychological interventions to be informed by the current literature. Explicit attention to the integration of clinical practice and science is offered through the monthly journal club and training in Evidence Based Psychotherapies, and the routine use of Measurement Based Care in practice. As noted previously (ref: training in the VA), the VA values evidence based approaches and offers a share point for independent training in these and additional practices (e.g., DBT, Seeking Safety). Interns have the opportunity to develop or participate in *performance improvement* projects. Examples of previous intern involvement include: developing a proposed protocol for conducting capacity evaluations for HBPC patients, developing a flow chart for the Dementia Committee to identify screening and referral processes for providers when cognitive concerns exist, and a project focused on increasing the percentage of primary care patients receiving PC-MHI services.

We are committed to the **professional development** of our interns and hope that by the time internship concludes they have a greater sense of self as professionals. This includes monitoring oneself, others, and the ethical context dictated by a given situation. Ethical and clinical decisions must also be delivered in an interpersonally effective manner. The ability to self-reflect in treatment and use oneself as a therapeutic tool is likewise part of professional growth. Again, these elements are interwoven into all aspects of training but are considerably pertinent in the areas of consultation and supervision. Opportunities to provide consultation are offered in many rotations. Externs train in the same areas as interns which allows interns to gain direct experience with supervision. Interns also provide peer supervision to one another in group based supervision. The training director and assistant training director meet with the interns throughout the year in intern development meetings. This time includes attention to topics such as obtaining post-internship positions and steps toward licensure.

Learning elements

Experiential

The internship rotation structure outlines required and elective experiences:

Full Year

Evidence Based Practice – 1.5 day

- Primary Care- Mental Health Integration
- Mental Health Clinic

Rotation A (6 months)

Primary Care elective – 1 day

Select from:

- Health Promotion/ Disease Prevention
- Home Based Primary Care
- Women's Wellness Center

General elective – 1.5 day

Select from any available experience. This can include an extension of your time in an area already assigned (e.g., neuropsychology; an additional elective under the primary care or SMI umbrella) or from a program not listed elsewhere:

- Iraq and Afghanistan Wars Readjustment Program
- PTSD Residential Rehabilitation Program
- Substance Abuse Residential Rehabilitation Treatment Program

Didactics and supervision – 1 day

Rotation B (6 months)

Serious Mental Illness elective – 1.5 day

Select from:

- Acute Units
- Community Living Center
- Dual Diagnosis Recovery Center
- Psychosocial Rehabilitation Recovery Center

Neuropsychology – 1 day

Didactics and supervision – 1 day

Please see the section on rotations which further delineates the nature of each rotation.

Over the course of the year we also expect interns to gain experience with EBPs and the delivery of supervision while training in the settings noted above.

Interns must complete 70% of sessions with verification of fidelity via video in at least two EBP treatment protocols. Workshops on EBPs are provided at the start of internship year with regularly scheduled follow-ups. It is not necessary to have previous practice with these approaches. Externs train in the same areas as interns which allows interns to gain direct experience in providing supervision. Interns also provide peer supervision to one another in group based supervision.

Didactic

Seminars are generally scheduled for two hours per week. The seminar schedule is updated annually based on intern feedback and facilitator availability. A brief sample of topics from the past year includes: Military Culture, Moral Injury, Couples Therapy, Suicide Assessment and Prevention, and Psychopharmacology. Interns are invited to participate in the Multicultural Diversity Committee.

Interns participate in a monthly peer consultation. The curriculum is developed each year in collaboration with the interns. Its purpose is to provide an opportunity to present and discuss cases in a peer supervision format, and offers a space where interns can read and discuss relevant literature related to any competency areas in need of further development. Intern Development meetings are scheduled with the Training Director and Assistant Training Director to check in on the training

experience and discuss issues relevant to professional development.

Interns are also encouraged to take advantage of Continuing Education courses available at the Northport VAMC and through the online SharePoint.

Research

Interns participate in a monthly journal club whose purpose is to engender critical thinking, promote the integration of practice and science, and foster currency in the field. Interns will also demonstrate the application of research by either a) presenting their dissertation research, b) engaging in a performance improvement project, c) offering assistance in a post-doctoral fellow's performance improvement project, or d) participating in program evaluation or performance improvement.

Supervision

A major strength of this program is its commitment to supervision. Supervision is provided by the staff psychologist assigned to the particular program where the intern has been placed. Interns can expect to have four individual supervisors at any one time, and participate in a group supervision as part of the PC-MHI rotation, receiving a minimum of five hours of supervision each week. Interns are provided additional formal and informal supervision as needed.

Competencies

Research: Demonstrates the ability to integrate research into clinical practice. This includes being skilled in the understanding, evaluation, and application of research and related scholarly activities.

Ethical and legal standards: Maintains the high ethical and professional standards required for effective functioning in the role of a professional Clinical or Counseling Psychologist.

Individual and cultural diversity: Demonstrates knowledge, awareness, and sensitivity to human diversity in all professional activities. Provision of care to varied populations reflects culturally responsive skills and interventions.

Professional values, attitudes, and behaviors: Displays an emerging professional identity reflective of the values and attitudes of the psychology field.

Communication and interpersonal skills: Relates effectively and meaningfully with individuals, groups, and/or communities.

Assessment: Proficiency in conducting evidence-based assessment.

Intervention: Skilled in the provision of clinical interventions with a range of populations. Ability to deliver interventions in different modalities and from varied theoretical orientations.

Supervision: Burgeoning skill in the delivery of supervision to more junior members of the profession, peers, or other mental health providers.

Consultation and interprofessional/interdisciplinary skills: Ability to collaborate with individuals or groups for the purpose of problem resolution, imparting or obtaining knowledge, or promoting effectiveness in professional activities.

Completion requirements

1. Interns must complete 2080 hours, which includes all paid Annual Leave, Sick Leave and Administrative Leave. Administrative Leave can be requested for scheduled activities related to

dissertation completion and interviews for VA postdoctoral fellowships and employment.

2. Interns must complete all learning elements of the training program.

3. Interns must achieve a minimum threshold of “3” and “4” on a 1-5 scale for mid and end of year supervisor evaluation of intern performance.

4. Interns must show ethical and professional behavior including compliance with federal, local, and professional guidelines and policies.

DESCRIPTION OF ROTATIONS

YEAR LONG EXPERIENCE in EVIDENCE BASED PRACTICE

Interns participate in a continuum of care experience which focuses on the provision of evidence based treatment. This includes but is not limited to: CPT, PE, CBT-I, CBT-D, CBT-Pain, MI, ACT, and Psychodynamic Psychotherapy. Primary Care-Mental Health Integration offers opportunities to train in a fast paced setting, responding to consults and same day access requests, and providing brief health focused individual interventions. The Mental Health Clinic offers training in longer term individual psychotherapy and treatment planning. Across these settings interns will also gain experience in the delivery of measurement based care.

Supervision in these areas will be covered by the same psychologist. Additional supervision is provided in the weekly PC-MHI interdisciplinary team meetings.

Mental Health Clinic (MHC)

This clinic is open to all veterans seeking mental health services. The population of patients presenting to MHC are therefore quite varied, including the full range of psychopathology and life cycle related issues. Interns can expect to deliver individual psychotherapy and assist with all aspects of treatment planning. Given the range of presentations, interns tailor the treatment to the needs of the individual. This may include psychodynamic, CBT, or third wave approaches. Referrals for complex personality cases and couples work may also be available.

Primary Care- Mental Health Integration (PC-MHI)

PC-MHI is a yearlong rotation. Interns spend four hours per week in PC-MHI delivering clinical services under the supervision of staff psychologists. Interns also participate in a weekly interdisciplinary team (IDT) meeting, also called “PCMH Clinical Team” meeting that includes all PC-MHI staff (psychologists, psychiatrist, care managers), psychology and psychiatry fellows, psychology externs, and the Health Behavior Coordinator (HBC). The IDT meeting is used for case presentations, clinical discussions, and the disposition of cases for treatment. The PC-MHI program works in close collaboration with the Health Promotion Disease Prevention (HPDP) program and strives to improve the physical and mental health of veterans.

PC-MHI staff and trainees work collaboratively with the medical teams in the Primary Care (PC) clinics. The medical teams in PC provide comprehensive outpatient medical services to over 16,000 veterans annually. The teams work in a medical home model, known in the VA as Patient Aligned Care Teams (PACTs). PC-MHI is considered an extension of the PACT. Social workers, nutritionists, and pharmacists also serve as extended team members. PC-MHI interns work in the PC clinics alongside the PACTs and other extended team members. Interns conduct initial assessments, develop treatment plans, deliver short-term evidence based treatment, and provide consultation liaison to PACTs. At the time of this writing, PCMH services are delivered virtually and in-person. In addition to providing treatment for mental health conditions, interns will have the opportunity to provide brief health psychology interventions, such as stress management, pain management,

medical non-compliance, weight management, and relaxation training. In all cases, psychologists and all trainees strive to empower patients to become responsible for their own health outcomes with a view toward prevention.

SIX MONTH ROTATIONS

PRIMARY CARE ELECTIVES

Health Promotion/Disease Prevention (HPDP)

An elective part-time rotation in Health Promotion/Disease Prevention (HPDP) is available for those interested in more specialized training in Health Psychology or Lifestyle Medicine. This rotation will focus on preventative behavioral medicine and provides a variety of experiences (largely group based) that provide the intern with opportunities to work closely with supervising psychologists as well as the Psychology Post-doctoral Fellows and Preventive Medicine Residents. Through this rotation, Interns will also have the opportunity to receive more intensive training in the use of Motivational Interviewing to facilitate health behavior change in a medical setting. Interns have the opportunity to both co-lead with their supervising psychologist or Psychology Fellow, and independently lead various health psychology groups and psycho-educational programs. New groups and programs are continuously developed, and interns may be involved in the development process. HPDP and PCMH programs are closely aligned and staff members work in an integrated fashion to promote sustainable healthy behavior changes in our Veteran population. Currently all HPDP groups programs are virtual with some plans for bringing back select programming in person over this next training year.

Training opportunities include:

1. Wellness Clinic – Psychology and Preventive Medicine staff work collaboratively to provide Veterans with a place to explore whole health and wellness planning. Veterans are encouraged to consider developing a ‘personalized health and wellness plan’ which serves as a blueprint for them to work towards their specific goals and values. The program includes Intro to Whole Health and Wellness planning workshops, a weekly Wellness Topic workshop series, and individual health coaching sessions and is integrated with PACT.
2. Mindfulness Stress Reduction – a 10 week program based closely on Mindfulness Based Stress Reduction, by Jon Kabat Zinn. It runs 3 times a year and includes a 4 hour silent meditation retreat for each cohort of the group. Interns will be given the opportunity to co-facilitate the group, which teaches veterans principles of building their own meditation practice, and co-facilitate the retreat. Interns may also participate co-facilitate the graduate meditation group (Sangha) or offer individual meditation coaching for veterans. Personal meditation practice is cultivated during the training portion of this experience and group supervision will focus on training and enhancing the skills of a meditation teacher. Participation in weekly staff meditation sessions on Tuesdays mornings are required for all facilitators. Full Catastrophe Living, by John Kabat Zinn will be provided as a supportive text for this experience along with other supplemental readings.
3. Pain management - The pain management program involves opportunities to co-lead two chronic pain management groups. One group is an 8-week CBT based skills group; “Living with Chronic Pain” or ACT for Chronic pain (these two groups are run alternating throughout the training year, only one at a time) In addition to the skills groups, there is also a pain support group that meets twice per month that is available for Veterans who have completed the skills groups (or individual CBT for pain). The support group is designed to be a forum where Veterans can practice skills learned, share information about resources, and offer each other support in reaching their pain management goals.

4. MOVE – weight management program – Psychology supports the work of this Nutrition led program by participating in the 16 week psycho-educational series which covers all aspects of lifestyle change to promote a healthy weight. Support is also provided to Veterans interested in bariatric surgery with Psychology involvement in both assessment (completing the required mental health clearance evaluation) and behavioral preparation through brief individual therapy.
5. Smoking Cessation program – Psychology and Preventive Medicine staff work collaboratively to provide Veterans with comprehensive support to develop effective quit plans utilizing a variety of approaches including psychological and behavioral support, alongside options for medicine, nicotine replacement and acupuncture treatments. The clinic meets two different times a week and is a shared medical appointment with psychological and medical providers. The main intervention is Motivational Interviewing. The clinic provides comprehensive assessment, treatment and follow-up relapse prevention support in group and individual formats.
6. Diabetes management – Psychology supports the Diabetes Education and Self -Management classes and provides a bi-weekly support group for Veterans living with diabetes. Focus is on enhancing self-management of this complex and chronic health condition.
7. interns may assist with medical center promotional event planning (e.g., ‘Great American Smoke Out’, ‘Health and Wellness Fair’) and may have opportunities to become involved in other promotional events throughout the year.

Home Based Primary Care (HBPC)

The Home Based Primary Care (HBPC) program is an interdisciplinary program consisting of a medical director, program coordinator, social workers, psychologist, nurse practitioners, nurses, dietitians, physical therapists and occupational therapists. It offers comprehensive primary health care services to Veterans, who are diagnosed with chronic, complex and often progressively disabling medical conditions (e.g., Congestive Heart Failure, Diabetes, Chronic Obstructive Lung Disease, Parkinson’s Disease, Dementia, and Amyotrophic Lateral Sclerosis), in their home with the goal of reducing preventable emergency room visits and hospitalizations, maximizing their autonomy and improving overall quality of life. The issues psychologists are asked to assess and/or treat include, but are not limited to, cognitive status, suicide risk, mood dysregulation, pain management, sleep disturbance, bereavement, and challenges with adherence to medical treatment. Consultations with other staff are often needed to coordinate treatment efforts and sometimes are the only intervention required for a particular problem. At this time, we offer face-to-face and virtual visits depending on the veteran’s preference. Interns will perform the same functions as the psychologist in this area, gradually gaining greater independence in the field.

Women’s Wellness Clinic (WWC)

The Women’s Wellness Clinic (WWC) elective rotation will provide interns with the opportunity to work with female veterans directly in the WWC, a separate clinic area created to provide a private and safe space sensitive to the distinct needs of female veterans. This rotation will build upon interns’ core Primary Care-Mental Health Integration (PC-MHI) experiences, and provide opportunities to conduct psychological evaluations and brief or time-limited individual therapy to female patients. WWC patients present with varied areas of concern, including reactions to trauma, depression, anxiety, sleep difficulties, life transitions, peri and post-partum mood changes, sexual orientation, gender identity, relationships, pain, and physical health. Interns will be supervised in providing individual therapy utilizing psychodynamic and cognitive-behavioral therapeutic approaches. In addition to assessment and individual therapy, interns will connect WWC patients to other resources and treatment opportunities throughout the medical center if

appropriate. These may include referrals to psychiatry, vocational rehabilitation, social work, therapeutic groups, or other treatment settings. At the time of this writing, WWC mental health services are offered virtually, in person, and hybrid.

SERIOUS MENTAL ILLNESS ELECTIVES

Access Center (formally Dual Diagnosis Recovery Center)

The Access Center is an evidence-based interdisciplinary outpatient treatment program that aims to improve the quality of life for veterans with co-occurring severe and persistent mental illness and active substance use disorders by integrating substance abuse services with traditional mental health care. The core philosophy of Access rests on the principles of bio-psychosocial rehabilitation, combining pharmacological, psychological, educational, and social interventions to assist the veteran to stabilize his/her illness and when possible, to establish a meaningful role in the community. Interventions will be culturally sensitive, dignifying, and respectful of individuality. Access therapists endeavor to establish therapeutic relationships with veterans that are free of power struggles, collaborative, draw upon existing strengths, and are focused on instilling hope. Interns participating in this rotation will be involved in the provision of individual and group psychotherapy services under appropriate supervision.

Possible clinical activities: Interns participating in the rotation will be involved, under appropriate supervision, in the provision of group psychotherapy, group psychoeducation as well as individual psychotherapy cases when more intensive work is needed. Primary population treated will be OIF/OEF combat trauma with active substance use, some of whom will be legally mandated to treatment. Students will also have the opportunity to work with a wider cross section of clients in DDRC in the psychoeducation classes. Psychoeducation may include opportunities such as Relapse Prevention, Anger Management, Pain Management, STAIR, Seeking Safety, and Dialectical Behavior Therapy. Crisis intervention skills will also be developed as frequent risk assessments will be conducted on clients to determine if a higher level of care is warranted given veteran's fast changing presentations that can accompany active substance use. Possible opportunities depending on the needs of the client may involve accompanying veteran to emergency room if inpatient admission is appropriate, consulting and collaborating with inpatient and outpatient IDT teams to facilitate treatment, and providing informal support to family members regarding veteran's current struggles. Telephone assessment and crisis support when needed will also be done. In these calls the focus will be placed on assessment of safety, and when appropriate contacting police if a wellness check is deemed necessary. Interns will also be involved in chart review, screening, intakes, and treatment planning as appropriate. Informal supervision of an extern will also be possible when schedules overlap.

Days: Flexible. Mondays, Tuesday, Thursdays are primary group days. Training opportunities have also been able to be tailored to fit a particular student needs when/if possible.

Acute Units

The Northport VA maintains two inpatient units which support the full range of acute psychological presenting problems. The program utilizes a combination of medication, psychotherapy, and a variety of recreational and psycho-educational activities to create a therapeutic program focused on stabilization and treatment planning for veterans in acute distress. The psychology program focuses on group psychotherapy and safety planning. Psychological therapies utilized are based on evidence-based therapies from a wide range of psychological orientations. The focus of psychotherapy on the units includes: helping to develop veteran's insight into own mental health diagnoses and/or patterns of functioning, enhancing motivation for mental health treatment, psycho-education about mental illness for both veterans and their families, safety planning for suicide, homicide, and substance use risks, and treatment planning for full range of psychological concerns. There is a substantial focus on substance use disorder recovery and suicide prevention. Each unit has a bed capacity for up to 21 residents and provides treatment to male and female veterans who

are culturally and ethnically diverse with a wide range of ages. Veterans of all wars are eligible for treatment but the population is generally comprised of veterans who served during Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and the Vietnam War.

Possible Clinical Activities: Interns have the opportunity to participate in staff meetings, lead group psychotherapy sessions, provide brief individual psychotherapy, supervise externs, and conduct psychological testing. A large part of this rotational experience includes learning how to be a contributing part of a larger interdisciplinary team comprised of psychiatrists, nurses, social workers, nursing aids, peer support specialists, and recreational therapists.

Days: Mon, Tue, Thu

Community Living Center

The Community Living Center (CLC) rotation will provide interns with the opportunity to work with older adults, mostly male, but some female veterans, residing at the Northport VA Medical Center. This population includes veterans across all service eras. Residents present with varied psychiatric diagnoses, including PTSD, Bipolar Disorder, depression, anxiety, schizophrenia, personality disorders, substance use histories, and a wide variety of neurocognitive disorders. These residents often face significant comorbid medical problems, such as cardiac and respiratory conditions, diabetes, neurological disorders, and cancer.

Interns will serve as integral members of the interdisciplinary team working with physicians, nurse practitioners, nursing staff, social workers, chaplains, occupational and physical therapists, nutritionists, and recreation therapists. Interns will attend weekly behavior rounds, during which time the treatment team reviews and discusses residents' challenging behaviors or mental health concerns. In addition to individual and group therapy, interns will have the opportunity to engage in behavioral management interventions, including creation and implementation of a Behavioral Treatment Plan, which involves an interdisciplinary approach to creating behavioral plans tailored to individual resident needs and goals.

Two of the four CLCs are general extended care facilities for veterans who require skilled nursing care for a wide variety of medical and psychiatric diagnoses as well as for Palliative Care. The third CLC is a locked neuropsychiatric unit for veterans with serious and persistent mental illness who require a more structured and restrictive setting. This unit also serves veterans with advanced dementia or those who present an elopement risk. The fourth CLC serves veterans who are hospitalized for short-stay rehabilitative services. Interns will immerse themselves in the two general extended care units for their CLC experience.

As of the time of this writing, CLC services are offered only in-person.

Days: Tuesday or Wednesday mornings required, remaining time is flexible.

Psychosocial Rehabilitation and Recovery Center (PRRC)

The PRRC is an outpatient program for veterans who are diagnosed with a serious and persistent mental illness. This includes diagnoses such as MDD, Schizophrenia, PTSD, Bipolar Disorder, etc. Veterans who attend PRRC represent a broad range of functioning levels, from veterans who reside in supportive housing to veterans who are independent in all domains. The program is based upon the Recovery Model and is managed by a psychologist. The PRRC provides a structured, supportive environment within which veterans can develop the skills and confidence necessary to live satisfying lives and to function successfully in the community. It empowers veterans to take control of their lives by becoming actively involved in their recovery, in the program itself, and in the outside community. The multidisciplinary treatment team includes staff from Psychology, Social Work, Nursing, and Peer

Support. Therapeutic activities include intensive process oriented psychotherapy groups, psycho-educational/skills groups, recreation/socialization groups, and self-help activities. Veterans are scheduled to attend the program from one to five days per week depending on their needs as determined collaboratively by the treatment team and veteran.

Possible clinical activities: Interns may attend community and staff meetings, lead and co-lead groups, and participate fully in treatment planning and implementation. Group opportunities include mood disorder and PTSD process group, Holistic Health, Coping with PTSD, CBT-Insomnia, Positive Thinking (CBT-D), ACT-D, Mindful Meditation, and Weight Management. We welcome intern initiative in the development of new groups. When requested by veterans there are opportunities to provide brief individual evidence based interventions. Interns also have the option of gaining experience in an administrative role and/or in performance improvement by assisting the director of PRRC and/or the director of training with the functioning of these programs.

At the time of this writing PRRC groups are offered virtually, in person, and hybrid.

Days: flexible; Tue allows for participation in process group

REQUIRED SIX MONTH EXPERIENCE:

Neuropsychology and Psychological Assessment

The Neuropsychology/Psychological Assessment 6-month rotation is a requirement for all interns. Depending upon the training needs of the intern, there is an option for the intern interested in clinical neuropsychology as their future career focus to extend their training in neuropsychology to the full year. Either way, the neuropsychology internship experience is **compatible with training criteria set forth by the Houston Conference**, and provides a solid background for those wishing to pursue post-doctoral fellowships in neuropsychology.

During this rotation, the intern will provide outpatient neuropsychological consultation to other healthcare providers (typically those from Neurology, PM&R, Primary Care, and Psychiatry) around issues of differential diagnosis. The majority of referrals are for neuropsychological assessment, where there is known or suspected neurological disturbance related to a wide variety of possible etiologies, including cerebral vascular accidents, head trauma, memory loss of unknown etiology, Alzheimer's disease and other neurocognitive/dementia disorders, and developmental and psychological contributors to reported cognitive difficulty. However, the intern will occasionally also conduct psychodiagnostic assessments, where psychopathology is the presenting concern. They will develop their skills in selecting and administering assessment measures (including symptom validity tests) to help answer referral questions and using findings to elucidate relevant features of a veteran's cognitive functioning for diagnostic determination, patient education, and treatment planning.

The intern is supervised in all aspects of the evaluation process, including the clinical interview, administration and interpretation of appropriate test batteries, report writing, and provision of feedback to veterans and their family members. There is an expectation that the intern will gain increased independence in each of these areas across their rotation. Interns can expect to develop their knowledge of brain-behavior relationships through direct supervision, exposure to a wide range of presenting problems, didactics, and utilization of scientific research for each case. Supervisors are all board certified in Clinical Neuropsychology, and one is additionally boarded in Rehabilitation Psychology.

At the time of this writing, Neuropsychology rotation evaluations are conducted in person

ADDITIONAL GENERAL ELECTIVES:

Iraq and Afghanistan Wars Readjustment Program

This program is geared to addressing the mental health needs of those who have served in the Iraq and Afghanistan war zones. It emphasizes making mental health services accessible to active duty military personnel and to veterans. In this rotation, interns do initial interviews and provide individual psychoanalytic psychotherapy consistent with the evidence-based practice of psychotherapy. The therapy model is based on principles of psychotherapy that can guide the practice of therapy for the range of DSM diagnoses. PTSD is a frequent presenting problem in this clinic. However, since about 80 % of PTSD cases involve co-morbidity with such other diagnoses as substance use disorders, depression, generalized anxiety disorder, and personality disorders, our focus is on preparing interns to address such co-morbidity in their practice of psychotherapy for trauma-related conditions. There is one hour of individual supervision and one hour of group supervision each week. Supervision in both modalities is intended to encourage open, mutual, detailed discussion of participants' psychotherapy cases with a focus on their use of core elements of effective psychotherapy. This model, in the group format allows participants the opportunity to benefit from, in addition to discussion of their own work, the discussion of the work of their fellow participants. It also allows for participants' furthering their supervisory skills, as they collaboratively facilitate the process of group members' open dialogue about their work. The groups' co-supervisors will provide readings on theory, research, and practice-related to issues addressed in the course of supervision.

PTSD Residential Rehabilitation Program (PRRP)

PRRP is an eight bed 90 day program staffed by an interdisciplinary team which includes psychology, psychiatry, nursing, social work, peer support, recreational therapy, art therapy, and vocational rehabilitation. The program treats veterans with a diagnosis of PTSD who have experienced military-related trauma often accompanied by co-occurring alcohol/substance use disorders. The Residential program provides intensive group and individual psychotherapy and other therapeutic interventions toward development of insight and skills for coping with PTSD symptoms and maintenance of abstinence and sobriety. There is a significant focus on providing evidence-based treatments, such as Cognitive Processing Therapy and Prolonged Exposure Therapy. Interns will have the opportunity to participate in biopsychosocial assessments, individual psychotherapy, group therapy, co-therapy, community meetings, family meetings, treatment planning, and participation in preparation for accreditation organizations (CARF and Joint Commission accreditation). Interns also provide evidence-based individual therapy in the Residential setting. All treatment is in person.

Interns may participate in Recovery Group on Tuesdays and Thursdays from 10am-11am, or Anger Management Group on Mondays from 11am-12pm and Whole Health Group on Wednesdays from 8:50am -9:50am. Interns will attend the Resident/Staff Community Meeting and Treatment Team/Treatment Planning Meeting that follows each community meeting on Mondays from 9am-10am and Thursdays from 9am -10am. Depending on availability of cases each intern will also have the opportunity to provide twice per week individual psychotherapy including evidenced based treatments for PTSD (CPT or PE). For individual cases interns will need to choose 2 slots per week for individual therapy sessions from those available in the PRRP schedule which are Monday, Thursday, and Friday from 8am to 9am; Tuesday from 8am-9:30am and Thursday 2pm-3:30pm (for PE cases that require 90 minute session). Interns will also have the opportunity to work on preparation for CARF or Joint Commission accreditation.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

The SARRTP is a residential treatment program for male and female Veterans with a diagnosis of substance use disorder and who would benefit from a structured and therapeutic environment. Residents typically have co-occurring mental health and medical diagnoses. The 30 residents participate in substance abuse treatment, vocational rehabilitation, and self-help groups.

Interns function as members of a multidisciplinary team, which includes staff from Psychology, Vocational Rehabilitation, Social Work, Nursing and Recreation. Interns participate in team meetings, community meetings and screening of new residents. Interns co-facilitate groups such as DBT Skills Group, Relationship Skills Group and Early Recovery Group with psychologists as well as an extern. The intern or extern may assume responsibility for facilitating a cognitive-behavioral Anger Management Group. An opportunity for supervision of an extern will be available. Interns also function as primary therapist for two to four program residents and externs maintain anywhere from two to three patients. This role includes individual therapy and treatment coordination. At this time all groups and individual sessions take place in person. Thursdays are mandatory.

TRAINING IN TELEHEALTH:

VA offers a range of telehealth technologies to augment care and improve access to services. In addition to their use during COVID-19, they are intended for use a) when a veteran wishes to have a psychotherapy session but travel is inconvenient, b) to supplement direct care, and/or c) to improve compliance with in person sessions. As the VA continues to promote advances in technology that have clinical applications, we anticipate the use of telehealth services will grow over time. Interns will receive training in this technology for use as appropriate.

EVALUATION AND FEEDBACK

Intern performance evaluation

Informal evaluation is an ongoing process occurring across training activities. It is our intention to make sure verbal feedback on skills is consistently provided so opportunities for growth and discussion are available at all times. Formal written evaluations occur at the mid and end point of all rotations.

Feedback

We are continuously developing our program to ensure we are meeting our stated goals and offering training relevant to the field today. Program improvement is sought from interns informally (regularly scheduled meetings with training director, during supervision, staff meetings) and through evaluations of supervision, the training program, and pre and post internship assessments of competency. The training committee and supervisors also complete a program assessment. The collective data is brought to the training committee, psychology staff meetings, and/or chief of service as appropriate.

Alumni are asked to provide us with information on their licensure status, current employment, and professional achievements. Many of our alumni gain employment in the VA, complex medical centers, or academia.

Retention

The VA has a long history of retaining trainees when employment opportunities arise. The Northport VAMC psychology service is largely comprised of individuals who were externs or interns in the VA system.

Termination

Policy on Remediation of Trainee Problem Behaviors and Termination

Problem Behavior

1. Trainee problem behavior will be defined as an inability or unwillingness to acquire and integrate professional standards as outlined by federal, state, or discipline standards and regulations into one's repertoire of professional behavior; inability to acquire professional skills in order to reach an acceptable level of competency, inability to control personal stress, interpersonal difficulties, impaired functioning, disruptive behavior, failure to communicate significant veteran care issues to one's supervisor, psychological dysfunction or excessive emotional reactions that interfere with professional functioning. Please see VHA Handbook 1400.08 for further examples constituting problem behavior.
2. The problem behavior is not developmentally normative, for example transition issues, or a lack of skills with an openness to acquire them.
3. A trainee with a problem behavior is differentiated from a qualified trainee with a disability. In this situation, VA Handbook 5975.1, Processing Requests for Reasonable Accommodations from Employees and Applicants with Disabilities.
4. When a problem behavior is first identified by a supervisor, he/she will discuss this during supervision with the trainee. Such discussion will include guidance on expectations of professional conduct and recommendations for modification of the identified problem. It is anticipated most issues will be resolved at this level of intervention.
5. If a problem behavior continues the supervisor will consult with the training committee to discuss the behavior, settings in which it occurs, the consequences of the behavior, recommendations for addressing the problem, and an expected time frame for resolution. Trainee performance across all settings will be considered in determining a plan to address the identified problematic behavior(s). The committee, in consultation with the chief of service, OAA, APPIC, APA, and/or DEO as appropriate may elect to implement an informal plan (e.g., monitoring of behavior, verbal warning) or may formally provide written notice that a problem has been identified. Informal plans will typically be the ensuing step, excepting trainee behavior that would impinge upon patient safety. Trainee input will be sought in the development of an informal plan where appropriate.
6. If informal interventions do not resolve the issue, a hearing of training faculty with the trainee will be held during which the problematic behavior is articulated and in which the trainee has the opportunity to present information regarding the problematic behavior. Formal notice will be accompanied by a plan for remediation, as delineated below.
7. Trainees have the opportunity to appeal the decision discussed at the hearing in a manner consistent with the grievance policy.
8. A formal plan for remediation will include the following elements: description of the problem behavior, corrective actions, expected time line to implement corrective actions, consequences for unsuccessful remediation, and individuals notified of the implementation of this plan. The training director will review progress and response to the remediation plan. The training director will continue to inform and consult with the training committee and others as needed. A copy of the plan will be placed in the trainee's training file.
7. Corrective actions may include but are not limited to:
 - a. increasing supervision
 - b. changing the format, emphasis and/or focus of supervision; changing the supervisor
 - c. recommending that the trainee initiate personal therapy. Interns, as employees, may utilize the Employee Assistance Program (EAP) at no cost. Interns are advised of the availability of EAP services during orientation.
 - d. reducing the trainee's clinical or other workload and/or requiring specific academic course work
 - e. recommending a leave of absence
8. At the point that a written remediation plan is necessary, the training director will consult with the trainee's graduate school program. This communication will include: (a) a clear statement of the problem, remediation plan, and expected outcomes needed to resolve the problem; the (b) what the training program's response has been to date; and (c) what role, if any, the training program would

like the graduate program to play in addressing the problem. A record will be kept of this communication in the trainee's file. The communication will be ongoing, and the graduate school program will also be notified if the problem is resolved.

9. Further action may be taken under the following circumstances:
 - Trainee does not acknowledge, understand, or address the problem when it is identified.
 - The quality of services delivered by the trainee is sufficiently negatively affected.
 - The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
 - The problematic behavior has potential for ethical or legal ramifications if not addressed.

Such action may include:

- a. Placing the trainee on probation
- b. Giving the trainee a limited endorsement
- c. Terminating the trainee from the program
- d. Limitations of a trainee's duties

Any of the above steps would occur in consultation with the individuals/advisory bodies noted above. Any steps taken will be in compliance with Northport VAMC due process regulations per VA Handbook 5021, and the rights of the trainee will be respected. Any steps taken will be documented fully. Trainees have the right to appeal in a manner consistent with the grievance policy.

10. With regard to the limitation of a trainee's duties, or termination, the training program follows the guidance of VHA Handbook 1400.04 which states, "When a trainee's performance or conduct is judged to be inappropriate in the health care environment, including actions that may be detrimental to veteran health care, evaluation of the trainee, in consultation with faculty from the affiliated institution (when relevant), must be documented. In these situations, trainees may have clinical duties limited, have additional supervision assigned, or be assigned non-clinical duties for the duration of the performance review. In consultation with the affiliated institution, VA may, after careful weighing of the facts, withdraw the trainee from VA assignment. A trainee who is thought to pose a threat to the public, veterans, or staff must immediately be placed on administrative leave. The purpose of the leave is to allow review and investigation of alleged performance problems, including the contribution of any underlying medical condition. Any disciplinary action on the part of VA will conform to Human Resources policy when the trainee is paid by VA and in a program sponsored by VA. For a trainee in a program sponsored by an affiliate, further investigation and appropriate action, including possible remediation, disciplinary action, or dismissal from the training program, will be at the discretion of the affiliate."
11. Interns, who are paid by the VA, are entitled to mediation, as per Center Memorandum EEO-06, ALTERNATIVE DISPUTE RESOLUTION (ADR) EEO MEDIATION. In order to initiate mediation, the ADR Program Coordinator at the Northport VAMC should be contacted by the intern.
12. When the trainee is an extern, the primary responsibility for that extern remains with the affiliated university. Any problem behaviors that are not resolved through informal actions will be brought to the attention of the university training director. Problem behaviors that are not resolved with the intervention of the university training director may lead to dismissal from the externship program. Other formal or disciplinary actions will be at the discretion of the affiliated university.

Insufficient Performance

1. Expectations of performance are stipulated in the trainee brochures and orientation handbooks.
2. Supervision is intended to be an ongoing bidirectional process with consistent feedback on progress and attention to relationship dynamics as needed. As such, it is anticipated that informal action will be the most common intervention for insufficient performance.

3. Mid-rotation and end of rotation evaluations allow for documentation of efforts to remedy insufficient performance and may include, but are not limited to, any of the following:
 - a. Continued experience under closer supervision
 - b. Supervisor modeling of skills
 - c. Recording of sessions
 - d. Recommendations for reading relevant empirical literature
4. A formal remediation of performance will be triggered when the above steps have already been taken and did not result in improvement. This plan will include a description of the problem, expectations for performance, trainee and supervisor responsibilities, method of assessment, anticipated timeframe, and consequences should the problem remain.
5. When a recommendation for improvement has been made and a rotation is ending, progress will be monitored in the next rotation.
6. When the above actions do not lead to resolution of insufficient performance or the training year is near its end, the supervisor will consult with the training committee to determine a course of action. This may include a decision to treat the issue as a problem behavior.
7. When the trainee is an extern, any of the above steps will occur in consultation with the affiliate institution.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: June 2022

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p>
<p>Our training committee carefully reviews all applications, attending to goodness of fit between the applicant's goals and experiences, and the training we offer. Our selection criteria also focuses on scope of training, writing skills, and the quality of letters of reference. We actively seek diversity in our training cohorts. We offer multiple interview days where applicants have the chance to learn more about our training site, talk with current interns, and participate in the evaluative interview process.</p>
<p>Federal laws and regulations of the Equal Employment Opportunity Commission (EEOC) prohibit discrimination based on race, color, religion, gender (sex), national origin, age (40 years and over), physical or mental disability, and/or reprisal. This applies to VA employees, applicants for employment and former employees. Psychology interns are considered VA employees.</p>
<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many: yes</p>
<p>Total Direct Contact Intervention Hours: <u>N</u> <u>Y</u> Amount: 500</p> <p>Total Direct Contact Assessment Hours: <u>N</u> <u>Y</u> Amount: 75</p>
<p>Describe any other required minimum criteria used to screen applicants:</p>
<ol style="list-style-type: none"> 1. Applicant must be a citizen of the United States. 2. Applicant must be a doctoral student in good standing at an APA, PCSAS, or CPA-accredited program, or respecialization program, in Clinical or Counseling Psychology. 3. Applicant must be approved for internship status by the graduate program training director. 4. Applicant must have written at least four supervised integrated psychological reports for adults. 5. Dissertation proposal must be approved prior to the date of the application. 6. Applicant must have training and career goals that fit with the mission of the training program and the Department of Veterans Affairs. 7. Three letters of recommendation must indicate a high quality applicant. <p>Note: The VA healthcare system requires:</p> <ul style="list-style-type: none"> • Am I Eligible? Checklist for VA HPTs, or see summary below: • The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. • All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen. • VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff. Interns are also subject to fingerprinting and background checks. Match result and selection decisions are contingent upon passing these screens. Please see the following link for more info: VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees Please note marijuana and products containing THC are currently illegal under federal policy. • To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file. • VA training occurs in a health setting. The university will receive a Trainee Qualifications and Credentials Verification Letter which confirms interns are enrolled in the university, have met

physical requirements of the university, and meet VA health requirements. For the purpose of VA health requirements, trainees are expected to provide verification to their university TDs of hepatitis B vaccination (or signed declination waiver), and tuberculosis screening. Maintaining a current flu vaccination, or taking preventative measure to limit patient exposure to the flu, will be required during the training year. COVID vaccination or documented exemption is required. HPTs can request medical or religious exemption from the COVID-19 vaccine using [VA form 10-263](#). The person who signs the TQCVL should sign as Supervisor on the request. DEOs must maintain copies of approved exemptions along with the TQCVL. However, it is at the discretion of the Medical Center Director and Chief of Staff whether to accept the TQCVL and thereby whether to accept HPT COVID vaccine exemptions.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$30,387	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period	
Hours of Annual Paid Sick Leave	4 hours per pay period	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes (may require extension of	No
Other benefits (please describe):		

Leave

Interns have off on all federal holidays.

VA Handbook 5011, Part III, Chapter 2, Section 12 states that an employee may be given administrative leave when the activity is considered to be of substantial benefit to the VA in accomplishing its mission, or the activity will clearly enhance an employee's ability to perform the duties of the position presently occupied or may be expected to prospectively occupy, or the basis for excusing the employee is fairly consistent with prevailing practices of other Federal establishments in the area concerning the same or similar activities. Up to 40 hours of administrative leave may be approved for the purpose of scheduled activities related to dissertation (e.g., dissertation defense) and/or for employment interviews in the VA system.

Facility Resources

Each intern has his/her own office with personal computers providing access to email, instant messenger, computerized patient records, internet, and Office programs. The VA intranet allows access to its library and training SharePoint.

Our Testing Center maintains and continuously adds to a library of assessment materials. For a variety of tests, computer administration and scoring is available. Interns have full access to the medical center library, which coordinates with local and VA libraries to obtain any requested materials. Our library allows access to large search engines and scholarly databases.

Northport VAMC offers **on campus student housing** on a first come first serve basis. Interns with children may also use our on-station, accredited Day Care and Summer Camp, if slots are available. Please note we cannot guarantee housing or placement in childcare programming.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

**Initial Post-Internship
Positions**
(Provide an Aggregated Tally for the Preceding 3
Cohorts)

	2018-21	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Academic teaching	1	
Community mental health center	2	
Consortium		
University Counseling Center	1	
Hospital/Medical Center	4	
Veterans Affairs Health Care System	8	
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting	1	
Other	1	

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

ADMINISTRATIVE POLICIES

Remediation

Please refer to the evaluation and feedback section above.

Grievance

Policy on Resolution of Trainee Grievances

1. Problems identified by a trainee should, whenever possible, be addressed with the supervisor in the setting where the complaint is occurring. Examples include, but are not limited to: challenging a performance rating the trainee considers inaccurate or unfair, grievance against clinical, teaching, supervision, or other professional behavior of the supervisor or challenging a program policy or procedure.
2. The training director may be consulted by either the trainee or the supervisor in order to facilitate a resolution that is satisfactory to the trainee and the supervisor. The training director will monitor the situation in order to verify that a constructive resolution has occurred.

3. Opportunities for trainees to express concerns or complaints are built into the training program. Examples of this include formal and informal evaluation of learning experiences, didactics, and the training program as a whole. The training director has regularly scheduled development meetings with all trainees.
4. If the grievance is against the training director, it should be brought to the assistant training director.
5. If the issue has not been resolved, the training director will notify the training committee of the situation and the committee will become involved in the discussion and resolution of the problem.
6. If the problems are not resolved at the above levels or if the training committee believes that the nature of the resolution falls outside its authority, the chief, psychology service will be consulted.
7. A trainee may also consult with the Chief of Psychology directly if he/she is not satisfied with the resolutions offered by the training director, assistant director and/or committee.
8. Trainees have the right to make a formal complaint in writing. Such complaints are kept on file, along with documentation of steps to address the complaint.
9. As VA employees, interns can elect to file complaints to any established body designated for this purpose (e.g., OIG, AFGE 2011 Article 43).
10. As VA employees, interns are entitled to mediation, as per Center Memorandum EEO-06, ALTERNATIVE DISPUTE RESOLUTION (ADR) EEO MEDIATION. In order to initiate mediation, the ADR Program Coordinator at the Northport VAMC should be contacted.
11. Interns may consult with and/or seek counseling services through the Employee Assistance Program at no cost.
12. Externs are not VA employees. They remain primarily associated with their graduate school training program. Externs have the option to bring complaints to the attention of their university training director for help and guidance in resolving a grievance. This may include the university training director contacting the VA training director or the Chief, Psychology Service.

*Training committee meetings will be utilized to address trainee problems, issues of trainee performance, and trainee grievances as they arise.

Records

Records retained on file include the intern's initial application, training plan, evaluations, and program feedback. Documentation of successful completion of internship is retained indefinitely. Files are kept in a locked cabinet in the psychology service office.

FACULTY

Nyasanu Barbee, Ph.D.

University of Wisconsin - Milwaukee

Assignment: Primary Care- Mental Health Integration Program Lead; Multicultural Diversity Committee; Dementia Steering Committee; Pain Management Executive Council; Disturbed Behavior Committee

Michelle Castellano, Ph.D.

Nova Southeastern University

Assignment: Substance Abuse Residential Rehabilitation Treatment Program Manager

Background: Dr. Castellano is a Clinical Psychologist who has been working at the Northport VAMC since 2009. She graduated from Nova Southeastern University with her PhD in Clinical Psychology with a concentration in Medical/Health Psychology. She has conducted research with the Miami VA, completed her internship here at the Northport VAMC and continued on to post-doctorate studies at the Brooklyn VA. Dr. Castellano currently specializes in Substance Abuse treatment and works in SAR RTP – the Substance Abuse Residential Rehabilitation Program. She is also a CARF Consultant (Commission on the Accreditation of Rehabilitation Programs) to mental health programs like PRRC, SAR RTP, PTSD and Vocational Rehabilitation to assist in the preparation for and during the survey process. Other duties include maintaining performance improvement for the SAR RTP by editing policies and completing quarterly reports for program evaluation tools for all stakeholders. Dr. Castellano currently sits on the Multicultural/Diversity Committee, the Safety Committee for residential programming and is a member of the Training Committee. She offers seminars to psychology interns/externs (self-care, substance abuse/addictions, performance improvement), supervises externs within the SAR RTP and provides information to psychology post-docs during Supervision Seminar and Early Career Development Case Conference. Born and raised in Queens, this mother of two, enjoys spending time with family, cooking and watching baseball.

Janet Eschen, Ph.D.

Fordham University

Assignment: Chief, Psychology Service

Lauren Fitzgerald, Psy.D.

Long Island University, C.W. Post Campus

Assignment: Community Living Centers; Women's Wellness Center

Tracy French, Psy.D.

Argosy University

Assignment : SAR RTP, Training Committee

Deirdra Frum-Vassallo, Psy.D.

La Salle University

Assignment: Postdoctoral Training Director; Health Promotion Disease Prevention; Multicultural Diversity Committee

Background: Dr. Frum-Vassallo has interests in holistic wellness and health psychology, particularly working towards motivation for health behavior change. She works to increase integration of these services with our Primary Care Medical Teams (PACTs) and throughout the hospital. Dr. Frum-Vassallo is a VA certified Regional Trainer of Motivational Interviewing. She runs the Mindfulness based Stress Reduction Program at Northport and for the VISN. Interests include process improvement and program development, Motivational Interviewing, Mindfulness and Acceptance Based modalities of treatment and health psychology. Dr. Frum-Vassallo is the Training Director of Postdoctoral Training for Northport's Fellowship program, which has a focus in health promotion disease prevention (HPDP) and inter-professional training in Primary Care.

David Gately, Ph.D.

The Ohio State University

Post-Doctoral Certificate in Psychoanalysis and Psychotherapy, Derner Institute of Advanced

Psychological Studies, Adelphi University
Assignment: PTSD Residential Rehabilitation Program

Effie Linardatos, Ph.D.

Kent State University
Assignment: Home Based Primary Care

Background:

Education:

Post-doctoral Fellowship: Mood Disorders Service/Dartmouth-Hitchcock Medical Center

Internship: Anxiety Disorders Service/Minneapolis VA Health Care System

Graduate Training: Kent State University

Undergraduate Training: University of Oregon

Clinical Interests:

Provide psychological services to individuals with chronic, complex and often progressively disabling medical conditions with the goal to enhance their function, autonomy and quality of life through Acceptance and Commitment Therapy, Cognitive Behavioral Therapy (e.g., CBT-I, CBT-CP), Prolonged Exposure and supportive therapy.

Selective Peer-Reviewed Publications

Facial emotion recognition in major depressive disorder: A meta-analytic review (2021). Krause F. C., Linardatos, E., Fresco, D., & Moore, T. *Journal of Affective Disorders*, 293, 320-328, doi:10.1016/j.jad.2021.06.053.

Berman, M. I., Buckey, J.C., Hull, J.G., Linardatos, E., Strassberger, A.C., ... Hegel, M.T (2014). Feasibility study of an interactive multimedia electronic problem solving treatment program for depression: a preliminary uncontrolled trial. *Behavior Therapy*, 45, 358-375.

Possis, E., Bui, T., Gavian, M.A., Leskela, J., Linardatos, E., Loughlin, J., & Strom, T. (2014). Driving difficulties among military veterans: Clinical needs and current intervention status. *Military Medicine*, 179, 633-639.

Spielmans, G., Berman, M., Linardatos, E., Rosenlicht, N., Perry, A., & Tsai, A. (2013) Adjunctive atypical antipsychotic treatment for major depressive disorder: A meta-analysis of depression, quality of life, and safety outcomes. *PLOS Medicine*, 10, e1001403.

Strom, T., Gavian, M., Possis, E., Loughlin, J, Bui, T., Linardatos, E., ..., Siegel, W. (2012). Cultural and ethical considerations when working with military personnel and veterans: A primer for VA training programs. *Training and Education in Professional Psychology*, 6, 67-75.

Lamoureux, B. A., Linardatos, E., & Fresco, D. M. Using the QIDS-SR16 to identify Major Depressive Disorder in primary care medical patients. (2010). *Behavior Therapy*, 41, 423-431.

Aldao, A., Mennin, D. S., Linardatos, E., & Fresco, D. M. (2010). Differential patterns of physical symptoms and subjective processes in generalized anxiety disorder and unipolar depression. *Journal of Anxiety Disorders*, 24, 250-259.

Turner, E. H., Matthews, A. M., Linardatos, E., Tell, R. A., & Rosenthal, R. (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. *The New England Journal of Medicine*, 358, 252-260.

Stephen Long, Ph.D.

California School of Professional Psychology

Post-Doctoral Certificate in Psychoanalysis and Psychotherapy, Derner Institute of Advanced Psychological Studies, Adelphi University

Assignment: Iraq and Afghanistan Wars Readjustment Program; Training Committee; Multicultural Diversity Committee

Crista Maracic, Ph.D.

Adelphi University

Assignment: Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

Clinical Interests: the intersection of trauma, mental health, and addiction; psychodynamic psychotherapy

Christine J. Mihaila, Ph.D., ABPP-CN

Pacific Graduate School of Psychology

Assignment: Neuropsychology

Background: Clinical Neuropsychologist

Interests: Differential diagnosis among normal aging, mild cognitive impairment, and dementing conditions

Melody Millando-Wirtenson, Ph.D.

Derner Institute of Advanced Psychological Studies, Adelphi University

Assignments: Iraq and Afghanistan Wars Readjustment Program (OEF/OIF/OND), Babylon Vet Center External Clinical Consultant, Compensation and Pension Mental Health Examiner, Post-Doctoral Fellowship Training Committee, Psychology Credentialing and Privileging Committee

Background: Dr. Millando-Wirtenson completed her internship training at Northport VA and has worked for the VA since 2006 (at Northport VA since 2009). In addition to her primary responsibilities in the OEF/OIF/OND program, she is also the Babylon Vet Center External Clinical Consultant and a Compensation and Pension Mental Health Examiner as well as a member of the Post-Doctoral Fellowship Training Committee and the Psychology Credentialing and Privileging Committee. Her clinical interests include trauma, interpersonal/relational issues, and an integrative approach to psychotherapy and training, in which she provides supervision to externs, interns, and fellows. She is involved in providing psychoanalytic/psychodynamic psychotherapy workshops for trainees as well as a career development seminar and a diversity seminar in the fellowship program.

Louis Mora, Ph.D.

Assignment: Inpatient mental health and assessment

Background: Louis earned his clinical psychology doctorate from St. John's University in 2009. He then worked a year at the Lewisburg federal penitentiary. He returned to New York, and worked from 2010 to 2014 at Pilgrim Psychiatric Center, during which time he opened a part-time private practice. In 2014, he earned a postdoctoral certificate in forensic psychology from St. John's University and started working at the Northport VAMC. His professional interests include psychological assessment and forensic psychology

Thomas Myers, Ph.D., ABPP-CN

The Graduate and University Center, City University of NY

Assignment: Neuropsychology

Ioana Radu, Psy.D.

Assignment: PTSD Residential Rehabilitation and treatment program (PRRP)

Background: Ioana earned her doctorate in clinical psychology from the University of Hartford in 2009. She has worked with both child and adult populations across a variety of settings (i.e. nursing home, ACT team, Psychiatric Hospital, outpatient). Prior to coming to the VA she worked for 9 and a half years with severely and persistently mentally ill patients at Pilgrim Psychiatric Center. There she was involved in the supervision program where she supervised 1-2 interns every year. Her current interests are in trauma and its effects on attachment, PTSD, Anxiety Disorders, and Eating Disorders. She uses Evidence based treatments like Prolonged Exposure therapy and Cognitive Processing therapy. Her background also includes training in Biofeedback and Hypnosis. She has also maintained her own private practice for the last 10 years.

Margaret Rayne, Psy.D.

Long Island University, C. W. Post Campus

Assignment: Program Director, Psychosocial Rehabilitation and Recovery Center; Training Committee

Mark Sandberg, Ph.D., ABPP-RP, ABN

University of Miami

Assignment: Neuropsychology

Amy Scott, Psy.D.

Nova Southeastern University

Assignment: Workplace Violence Prevention Program (WVPP) Manager; Disruptive Behavior Committee (DBC) Chair; Employee Threat Assessment Team (ETAT) Chair

Ashley Selkirk, Ph.D.

Fordham University

Assignments: Community Living Center

Interests: Adjustment to chronic illness, palliative/hospice care, resilience and aging

Marc Shulman, Psy.D.

Ferkauf Graduate School of Psychology, Yeshiva University

Assignment: Mental Health Clinic; Community Based Outpatient Clinics; Compensation and Pension Exams

Jeffrey Swails, Ph.D.

Wichita State University

Assignment: Primary Care- Mental Health Integration; Whole Health Steering Committee

Background: Dr. Swails works to increase integration between Primary Care Medical Teams (PACTs) and Primary Care Mental Health. He has interests in trauma-informed care, health psychology, Acceptance and Commitment Therapy (ACT) and Motivational interviewing (MI). Dr. Swails is involved with the wellness clinic at Northport VA and expanding whole health services available to Veterans including exploration of potential for outdoor-based interventions.

Amy Tal, Ph.D.

Fordham University

Assignment: Psychosocial Rehabilitation and Recovery Center (PRRC); Training Director;
Multicultural Diversity Committee

Background: Dr. Tal takes a person centered, scholastically informed approach to both treatment and training. Her training philosophy is imparted in the overview section of this brochure. In PRRC she facilitates interpersonal process, PTSD skills, current events, CBT-D, MBSR, weight management/ healthy living, and brain health groups.

Jonathan Weinstein, Ph.D.

Assignment: Mental Health Clinic

Background:

Internship: VAMHCS/UMB Psychology Internship Consortium

Graduate Training: University of Mississippi

Other training: NYU Wagner School of Public Service

Undergraduate: Vassar College

Clinical Interests:

Jonathan has had an enduring interest in a science of empowerment. As an early contributor to the development of Relational Frame Theory and Acceptance and Commitment Therapy at the University of Mississippi Center for Contextual Psychology, Jonathan studied behavior analysis and its applications for behavior therapy, social categorization, and education. More recently, Jonathan and his co-author have written three books adapting elements of Contextual Behavior Science to help teachers to empower their students. He has also applied this work to empower veterans who are at high risk for suicide.

Publications:

Griffin, K.W., Mahadeo, M., Weinstein, J.H., & Botvin, G.J. (2006). Program Implementation Fidelity and Substance Abuse Outcomes Among Middle School Students in a Drug Abuse Prevention Program. *Salud y drogas*, 6(1), 9-28.

Weinstein, J.H., Wilson, K.G., Drake, C.E., & Kellum, K.K. (2008) A Relational Frame Theory Contribution to Social Categorization. *Behavior and Social Issues*, 17, 39-64.

Drake, C.E., Kellum, K.K., Wilson, K.G., Louma, J.B., Weinstein, J.H., & Adams, C. H. (2010) Examining the Implicit Relational Assessment Procedure: Four Pilot Studies. *The Psychological Record*, 60, 81-86.

Porosoff, L.H. and Weinstein, J.H. (2018). *EMPOWER Your Students: Tools to Inspire a Meaningful School Experience, Grades 6-12*, Solution Tree Press.

Porosoff, L.H. and Weinstein, J.H. (2020). *Two-for-One Teaching: Connecting Student Values and Instruction*, Solution Tree Press.

Porosoff, L.H. and Weinstein, J.H. (2021). *Integrating SEL in Remote Learning*, Solution Tree Press. Retrieved from [Free white paper: Integrating SEL into Remote Learning \(solutiontree.com\)](https://www.solutiontree.com/free-white-paper-integrating-sel-into-remote-learning).

Weinstein, J.H., Kroska, E., & Walser, R (2021) *The Empowerment Plan: Enhancing the Safety*

Plan with a CBS Approach to Repertoire Expansion. The Journal of Contextual Behavior Science, 20,101-107.

Porosoff, L.H. and Weinstein, J.H. (in press). More To Empower Your Students: Connecting Social-Emotional Learning to Student Values, Solution Tree Press.

APPLICATION PROCESS and DATES

Interns complete a 2080-hour, APA accredited twelve-month training program from July 2, 2023 to June 30, 2024 (on campus dates 7/3/23-6/28/24) There are 6 intern positions.

1. The Northport VAMC uses the AAPI online. No additional materials are requested.
2. Completed applications for admission for the 2023 - 2024 training year must be received by midnight EST on November 5, 2022.
3. The Training Committee attempts to interview as many candidates as possible. All applicants who submit a complete set of application materials will be notified by e-mail of their interview status by December 10, 2022. The interview process will be conducted virtually this year.

OUR COMPUTER MATCHING CODE NUMBER IS **148111**
The applicant interview process will be virtual.

MISCELLANEOUS

Privacy statement: We collect no personal information from you when you visit our website.

APPIC statement: This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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